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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

| | |
|------------------------|-------------------------|
| Application Number | 09/990,611 |
| Filing Date | November 21, 2001 |
| First Named Inventor | Meisner, Lorraine Faxon |
| Art Unit | 1616 |
| Examiner Name | F. Choi |
| Attorney Docket Number | |
| 41758/P001P1C2X1 | |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Petition for Extension of Time Under 37 CFR 1.136(a) for filing appeal brief; Check in the amount of \$225.00; and Acknowledgment Postcard. |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---------------------------------|----------|--------|
| Firm Name | Winstead Sechrest & Minick P.C. | | |
| Signature | | | |
| Printed name | Melissa D. Schwaller | | |
| Date | November 4, 2005 | Reg. No. | 46,089 |

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|--------------------------|-----------|-----|------------------|--|-------|------|----------|--|-------|-------|-----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 41758/P001P1C2X1 | | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 09/990,611 | | Filed November 21, 2001 | | | | | | | | | | | | | | | | | | | | | | | |
| For Meisner, Lorraine Faxon | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1616 | | Examiner F. Choi | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Fee</th> <th style="width: 50%; text-align: center;">Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: right;">\$ 225.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> | | | | Fee | Small Entity Fee | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 225.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
| | Fee | Small Entity Fee | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 225.00 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-2426</u>. I have enclosed a duplicate copy of this sheet.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,089</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Melissa D. Schwaller</u> <small>Signature</small> | | November 4, 2005 | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Melissa D. Schwaller</u> <small>Typed or printed name</small> | | 713-650-2776 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Telephone Number | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

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